19	-21-01
<i>U</i>	

PTO/SB/05 (11-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box -

Attorney Docket No. ethods of treatment

(Uniy for new nonprovisi	ional applications under 37 CFR 1	(.53(b)) Expre-	SS Wall Label N	ET 3200815	~ 20 08		
APPLICATION ELEMENTS			DRESS TO:	Box Patent Application	'		
See MPEP chapter 600 col	nceming utility patent application	contents.		Washington, DC 202			
Fee Transmittal	Form (e.g., PTO/SB/17)	7.	CD-ROM or CI	D-R in duplicate, large	table or		
	a duplicate for fee processing)			ram (Appendix)	2		
2. Applicant claims See 37 CFR 1.2	small entity status. 7.		Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)				
3. Specification (preferred arrangement)	[Total Pages	]] a.	Computer People Form (CPE)				
	le of the invention	b.	Specification Sequ	ence Listing on:	_ ي		
- Statement Re	nce to Related Applications garding Fed sponsored R & D		i. CD-ROM or CD-R (2 copies); or				
	sequence listing, a table,		ii. paper				
or a computer - Background o	program listing appendix	C.	The state of the s				
- Background o	y of the Invention	<del></del>					
- Brief Descripti	ion of the Drawings (if filed)	Ļ	<u>ACCOMPANYII</u>	NG APPLICATIO	N PARTS		
- Detailed Desc	ription	9.	Assignment Pa	apers (cover sheet & d	locument(s))		
- Claim(s) - Abstract of the	e Disclosure	10.	37 CFR 3.73(l		Power of Attorney		
4. Drawing(s) (35 (	U.S.C. 113)   Total Sheets		r—————————————————————————————————————	lation Document (if ap	plicable)		
5. Oath or Declaration	Total Pages	12.	Information Di Statement (ID		Copies of IDS Citations		
. X	and desiring or serve	13.	,	•			
	cuted (original or copy) a prior application (37 CFR 1.63 (		13. Preliminary Amendment  Return Receipt Postcard (MPEP 503)				
b (for continue	ation/divisional with Box 18 comp	leted) 14.	(Should be sp	ecifically itemized)			
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)		15.	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
named in the prior application, see 37 CFR 1 63(d)(2) and 1.33(b).		16.	16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35				
1 05(d)(2) and 1.05(b).			or its equivalent.				
6 Application Data Sheet. See 37 CFR 1.76		17.	17. Other:				
19 If a CONTINUING ADDI	ICATION, check appropriate box,	and aupply the rec	uieita information he	low and in a amilimina	n, amandment		
		, and supply the req	disite information be	auw and in a premima	ry amenument,		
or in an Application Data Sheet under 37 CFR 1.76:  Continuation Divisional Continuation-in-part (CIP) of prior application No.:							
		i-part (OIF)					
Prior application information.	Examiner		Group Art Unit.				
Box 5b. is considered a part of	SIONAL APPS only: The entire disclored the disclored the disclosure of the accompanying the second and the seco	osure of the prior app na continuation of di	nication, from which a visional application a	in oath or declaration is nd is hereby incorporate	supplied under ed by reference.		
	relied upon when a portion has be						
	19. CORRI	ESPONDENCE AD	DRESS				
[]				7			
Customer Number or Bar C	ode Label (Insert Customer No.	or Attach bar code label t	ere) or	Correspondence addre	ess below		
Name	John LEZD	<i>EV</i>					
	1409 A NORTH	<del></del>	ARRISON				
Address	140/11 101111		MAISON				
City	CIEARWATER	State	Florid,	△ Zip Code			
Country	116	Telephone	I TO KID	Fax			
		relephone		- 4			
Name (Print/Type)	JOHN LEZDEY	<b>f</b> Reg	istration No. (Attor	rney/Agent) 227	35		
Signature Wellin Lender Date 9/19/01							
- Jan Hang Chata - At The Care	AV S	Tata Time will warre					

the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

PTCISCITT (12-97:
Approved for use through \$/30/00, 0M9 0551-002:
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless is displays a valid CM8 control number.

1		Con			Comp	ijete ir Known		
FEE TRANSMITTAL		Application Number			umber			
		Filling Cate						
		First Named Inventor			TYPITOL	LEZDEV		
Nete: Effective October 1, 1997, Patent fees are audioct to annual revision.		Group Art Unit						
			in and	r New	2			
TOTAL AMOUNT OF PAYMENT (\$) 353		Atto	MEY	Docke	r Number	1434-K		
	_					MIL ATION (Application		
METHOD OF PAYMENT (check one)						ULATION (continued)		
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		e Epb	y Çm	AL F	jy ,	Fee Cascription	Fee Paid	
Osposk   12-12/1	105	130	205	,,,,		- laie filing fee or outh		
Number	105		and a	63	<b></b>			
Dapose Name John LEZDEY 4 ASSOC	127	50	27	25	COVER Sheet	-		
Charge Any Additional Charge the leave Fee Set in	138	130	139	130	Non-English	a specification		
· · · · · · · · · · · · · · · · · · ·	147	147 2.520 147 2.520 For ling a request for reexamination					<u> </u>	
37 CFR 1.18 and 1.17 Netce of Allowance	112	220°	133	920"	Requesting	publication of SIR prior to		
2 Payment Enclosed:	1 ''				Examiner at	cion		
Money C	113	1,540	113	1,840	· Requesting	publication of SIR after		
Check Cross Cother		•		-	Emmer se	zion	<b>—</b>	
	115	110	215	55		r reply within first month		
FEE CALCULATION	116	400	216	200	Extension 10	r reply within sucond month		
1. FILING FEE	127	950	217	475	Extension fo	reply within third month		
i. Filming FEE					Extension to	reply within fourth month		
Large Entity Small Entity	i	-				reply within fifth month		
Fee Fee Fee Fee Pee Description Fee Paid Come (5)	128 2	2,000	228	1,030		7.7	<del></del>	
101 790 2079 396 Utilly filling fee 355	119	310	218	155	Notice of Ap		<b></b>	
	120	316	220	155	_	in support of an appeni		
	121	270	221	135	Request for	oral hearing		
107 540 207 270 Plans riting (cc		.510	138 1	510	Petition to in:	stitute a publicuse processing		
108 750 208 395 Release filing (ce		•-			Petition to re	viva - unavoidable		
114 150 214 75 Provisional Ming fee	140	110	240	65		vive - unintentional		
SUBTOTAL (1) (\$) 3.53	141 1	,320	241	660		•		
	142 1	,320	<b>Z42</b>	550	Utility have fo	S& (OL LEMENS)		
2. CLAIMS For Fee Paid	143	450	243	225	Dosign issue	íce		
Total Claims 2 0-20 = 0 X 0 = 0	144	670	244	335	Plant Issue fo	<b>:</b> 9		
Luis-resides Paris	122	130	122	130	Petitions to th	e Commissioner		
Clauris		-						
Multiple Dependent Claims  X X =	123	••	123			led to provisional applications		
	125	240	128	240	Submission o	f Information Disclosure Slimi		
Large Entity Small Entity Fee Fee Fee Fee Coscription Code (5) Code (5)	581	40	581	40	Recureing te	ch paient assignment pur is number of properties)		
11 11	146	720	245			asion after final rejection		
VIIII	140				PHING 2 SUCH (37 CFR 1.12)		İ	
102 82 202 41 Independent craims in excess of 3	149	790 :	249	'	•	tional invention to be		
104 270 204 135 Multiple dependent claim		'				CFR 1.129(b))		
100 82 209 41 Reissue mgependont claims over chignal petent	Olher ice	e (spec	zfy) _					
110 22 210 11 Reissue cizims in excess of 20						f		
	Otherte	8 (1be	<b>cz</b> y) _					
SUBTOTAL (2) (\$) O Reduced by Basic Filing Foo Paul SUBTOTAL (3) (\$)								
		==	=	===				
SUBMITTED BY						Complete (Manoscap	te)	
Fund m								
Printed Name VON LEZDEY					0 (	011	10-	
Signature John Le cla			[	ate	9/19/0	Deposit Account 12-	1217	

Surden Hour Statement: Alls form is estimated to take 0.2 hours to complete. Time was vary depending upon the needs of the individual case. Any comments on the amount of time you are required to commiss this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Petents. Wesnington, DC 20231